

**(Insert Local Area Name) Workforce Development Board  
Incumbent Worker Expenditure Report  
Program Year \_\_\_\_\_**

Project Name: \_\_\_\_\_ Local Incumbent Worker

Company Name: \_\_\_\_\_

Month: \_\_\_\_\_

		1	2	4	5
Category	Line Item #	Approved Budget	Expenses This Month	Expenses Y-T-D	Budget Balance
Training/Course Registration	200				0.00
Manuals/Textbooks	201				0.00
Training Certifications, Certificates, Credentials, Licenses (specify)	202				0.00
Materials/Supplies/(Itemize)	203				0.00
Travel Expenses	204				0.00
<b>Total</b>		\$0.00	\$0.00	\$0.00	\$0.00

<b>Funds received Y-T-D</b>	\$0.00
<b>Expenses Y-T-D</b>	\$0.00

**The business certifies that the costs reported represent actual costs incurred during the reporting period in accordance with the terms and conditions of the contract and the Workforce Innovation and Opportunity Act.**

\_\_\_\_\_  
Print Name of Employer's Authorized Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Employer's Authorized Agent

\_\_\_\_\_  
Date

**Attach the business's invoice and proof of payment. Email \_\_\_\_\_, Business Services Rep.**